Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in 1C 5-2-15-3.

Date:	9/ <u>2/2010</u>	Address:	Main St. @ Washington St.
Case #:	<u>241/3</u> 18 <u>51</u>		North Webster
County:	Kosciusko		<u>Indiana</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (check all that apply) Residence Hotel/Motel	
	ite (only)	☐ Outbuilding ☐ Vehicle	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: open air Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: open air Corrosive Base: Other (item and location):			
☐ Yes ☑ No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrina ☐ Retail/Me ☐ Other: <u>LE</u>	
This report is to be faxed to the following agencies that serve the location:			
•	ment: <u>Tippiecanoe Twp.</u>	Fax: <u>574-834-7676</u> Fax: <u>(574) 269-2023</u>	
Health Department: Kosciusko County		Fax:	
Child Protection	etion Service: <u>n/a</u>		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.